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## APPLICANTS

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(a2)

\*\* CONTINUING DATA \*\*\*\*\*

(a2)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 03 004 757.5 03/04/2003 (a2)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/20/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>G. Z. Jackson</u> Examiner's Signature	<u>(a2)</u> Initials			

## ADDRESS

001444

## TITLE

Front-wheel support for a wheel chair

<b>FILING FEE RECEIVED</b> 1060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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